

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

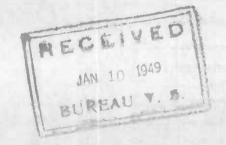
2411 N. Charles St., Baltimore

131a

CERTIFICATE OF DEATH

Reg. Dist. No...

City or town	City or town. (If outside city or town limits, write RURAL and give nearest town) Street No
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex Fe. 5. Color or race 6.(a) Single, married, widowed, or divorced Fe. Sillian Guderson 6.(b) Name of husband	2/2-/8-6655 MEDICAL CERTIFICATION 20. DATE OF DEATH Decided 18 19 48 21 6 9 M 21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
7. Birth date of deceased (mo., dey, yr.) 4/883 8. AGE: Years Months Days If less than one day hrs. min.	and that I last eaw h
9. Birthplace Marion Stand Sources (Town, county, and state) 10. Veval occupation Roman Standard	Due to
11. Industry or busineee H 12. Name Alexander Strittington 13. Birthplace Marion Str., Mal. 14. Maiden name andis Strittington 15. Birthplace Marion Str., Mal.	Other conditions fine Sul Weflends (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant John It tistington	Autopsy results
17 Burial (Burial, cremation, or removal Which?) Cemetery or crematory Description (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Morrison Stars Address Marion Stars, Md. Dec. 21 48 Betty Masses	Moune of Injury Injured at work? 23. SIGNATURE Green & Coulden Press Experies M. D. or other
(Dute rec'd by registrar) Registrar	Address musum ste my Date signed X420 48



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1. PLACE OF DEATH:

County

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

488

210

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryl and Coucty Somerset

City or lown Marion

(If outside city or town limits, write RURAL and give nearest town)

Rural

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

Cily or fown	T SM	LOII	URAL and give nearest town)	. State
How long in above place of	Life	etime)	City or low
Hospital, institution, or s	street address where de	ath occurred	arion	Street No
How long in hospital or	institution?		***************************************	2.(a) tt ve
3. (a) FULL NAME		MA FI	RANCES BYRD	
4. Sex	5. Color or race	6.(a)Singl	s, married, widowed, or divorced	
Female	Colored		Married	2D. DATE O
	Geo	rge I	Brrd	21. 1 CERT
6.(b) Name of husband o	or wile			LE
7. Birth date of	Dec		c) 11 alive, give age	and that t
deceased (mo., day, yr 8, AGE: Years) Months		Il less than ona day	Immediate
74	0		hrsmi	in.
9. Birthplace	Hou	ounty, and S ewi :	e, Worcester, I state) Ce	Due to. 30
11. Industry or business	Smi	th He	enry Long	Other cond
12. Name		omok	e City, Md.	Other cond
置 14. Malden name	Sar	ah (ı	nknown) Long	Major fine
15. Birthplace	Mr.		rge Ward	Autopsy 7
Address Buria	or removal, Which?)	Date the	reof Dec. 15, 19 (month) (day) (year)	
Cemetery or cremato	, Cem	eter	y, Wesley	Where did
Location	Mar	ion	station, Md.	Injured at
18 Funeral director	н.	Harv	ey Bradshaw	Masns of
Address		sfie	ld, Md.	
19. Date rec'd by re	19.48.	. Je	enice Elgin	23. SIGN

Somerset

2D, DATE OF DEATH DEC. 13	19.4.8	12:157
27.1 CERTIFY that death occurred on the date above sta	ted. that t attended dace a	sed from
and that I last saw h All alive on A	13	19 75
Immediato cause ol death		DURATION 2 Augo
Due to De Land Admin		2 Jenos
Other conditions		
(Include pregnancy within 3 month	hs of death)	
Major findiogs of operations		atatistically.
22. VIOLENCE: it death was due to external causes,	till in the following:	
Accident, suicide, or homicide,	Date of	000000000000000000000000000000000000000
Where did Injury occur?(City or town)	(County)	(State)
Injured at home, tarm, Industry, public place (where?	······································	
Masns of Injury	Injured at work?	
23. SIGNATURE LEGIS & Course	in mi	at have



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MARGIN

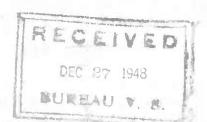
PLEA

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) County Domerse outside city or town limits, write RURAL/and give nearest town) (If outside city or town limits, write RURAL and give nearest than) How long in above place of death?..... Hospilal, Institution, or street address where death occurred: (1f rurai, give LOCATION) How long in hospital or institution? . . 3. (a) FULL NAME 3, (b) Social Security Number Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Sugar/ 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that attended deceased from 6.(b) Name of husband or wife lo Vec 7. Birth date of deceased (mo., day, yr.) DURATION Days If less than one day 8. AGE: Years Months (Town, county, and atate) 10. Usual occupation..... 11. Industry or business 13. Birtholace (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide..... (Burial, cremation, or removal Which?) (month) (day) (year) Where did injury occur?(City or town) (County) injured at home, farm, industry, public place (where?) Injured at work? Msans of Injury



WRITE

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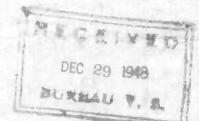
6-5-48 MARYLAND STATE DEPARTMENT OF HEALTH

12797 Reg. Diat. No. 260

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (Fig. newhorn infants) rive realidence of mother)
County	State Maryland County Somerse
(If toutside city or town limits, write RURAL and give nearest town)	Olle a long Radral - (Trunces ame, no
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town) .
Hospital, institution, or street addrees where death occurred:	Sireel No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME & Coshi	3. (b) Social Security Number
4. Sex 5. Color argaco 8.(a) Single, married, willowed, or divorced	MEDICAL CERTIFICATION
telude cal sugli	20. DATE OF DEATH. Que 26 18 48, at 11 a
8.(b) Name of husband or wifa.	21. I CERTIFY that death occurred on the date above etated; that Lattended deseased from
nd .	112
7. Birth dala ot	and that the town be alive as 19
deceased (mo., day, yr.) 8 A.G.F. Years Months Days If less than one day	Immediate cause of death
6. AUL.	
0	Mycrocyliacus
9. Birihplace	Due 10
Would	
10. Usual occupation	Due to
1t. Induetry or businees	
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Selection (Tropper 15. Birthplace	Major findings of sperations.
5 15. Birthplace	Date of op.
Sittetan Corben	Antepsy results
18. Informant Plan	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Address Course 100 2001- 112	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?)	Accident, suicide, or homicide
Cemetery or crematory St. Mark	Whera did Injury occur?
Male of a med	injured al home, tarm, industry, public place (where?)
Location Control of the Control of t	Meane of injury Injured at work?
18. Funeral directors and additional and a second a second and a second a second and a second an	1 0 P 00 1 -00.
Address Auge The	23. SIGNATURE TUNY Loutford Mrs
19. 12/27 (Date rec'd by registrar) 18. 48 R-JV This arm, May	Truces au Hed note signed 12/27/48
ii (Dake led o D) Lekistist)	AND CO.

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1948 V. 8.

19. (Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

			CERTIFICA	TE OF DEATH	Reg. Die	nt. No. 260
1. PLACE OF DEAT	50	omer	set Westover	2. USUAL RESIDENCE (HON (For newborn infants give residence) State Maryl and		erset
City or town(If out: How long in above place of Hospital, Institution, or st	death? L:	ifet:		City or lown Rural, W (If outside city or to Route #	estover	
How long in hospital or in	stitulion?			2.(a) it veteran, name war		
3. (a) FULL NAME		ROBE	RT SAMUEL FINI	NEY	3. (b) Socia	I Security Number
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDIC	AL CERTIFICAT	TION
Male	Colored		Married	20. DATE OF DEATH LOSE	3	1948 1225F
6.(b) Name of husband or 7. Birth date of deceased (mo., day, yr.)	W11C	0 4 4 4 4 4 4 4 4 9 9 9 9 9 9 9 9 9 9 9	Webb Finney c) It alive give age 61 Unknown 1898	21. I CERTIFY that death occurred on the		eltended deceased from
8. AGE: Years 50	Months ?	Bays	It less than one day	in.	ur ju	الكار
9. BirthplaceWes 10. Usual occupation 11. Industry or business	F	arm	set, Md.	Due to		
12. Name			t Finney set County, M	Other conditions	***************************************	
13. Birthplace 14. Malden name	F	olly	Dennis set County, M	(Include pregnancy Major findings of operations		
16. Informant	J	Tohn	Finney eth, Md.	Autupsy results PHYSICIAN: Please underline the ca	ause to which death should	he charged statistically.
Address Bur (Burial, cremation, o	ial or removal, Which?)	Date then	Dec. 6, 194	8 22. VIOLENCE: It death was due to e. Accident, suicide, or homicide		Date of
Cemetery of the w. w.	.,		le's Neck	Where did Injury occur?(City	Page 1	
Location			ber, Md. Rt 2			at work?
18. Funeral director			arvey Bradahaw Cield, Md.	a.	. \ = 7	u, hup
Address	18	1	11.11	23. SIGNATURE	re real	M. D. or other



N. 75. C. B. C. P. B. S. S. S. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

/	Reg. Diat. No.
1. PLACE OF DEATH: County Cily or town. (If outside city or town limita, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where seath occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Hariel Webster James Hall 4. Set 5. Color or race, 8. (9) Single, married, widowed, or divorced	3. (b) Social Security Number
M. Col. Maried	20. DATE OF DEATH DEG 30 W 1948 21 8 304 M
6.(b) Name of wife	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
7. Birth date of deceased (mo., day, yr.) May 12/1872	and that I last saw h. Lycan alive on
8. AGE: Yeers Months Days It less than one day	
76 yrs. 7 18hrsmin.	Corebral Harmornhage 9 polls
9. Birthplace	Due to Mysport en sions 34 cars
11. Industry or business fig.	
12. Namo John Wesley Hall 13. Birthplac Maustin, Mas.	Diher conditions. (Include pregnancy within 3 months of death)
E 14. Maiden name Alice Fauly	(Include pregnancy within 3 months of death) Major findings of operations
14. Maiden name 11. 14. Maiden name 11. 15. Birthplace Lausonia Mid.	Dale of op.
16. Informant Onese France	Aotopsy results
Address Marshin, Party Marshin Date thereof Man 2 1949. (Burial, cremation, or removal. Whieh?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemelery or crematory. Manaking	Where did Injury occur?
Location Mandalking MA	Injured at home, farm, Industry, public place (whore?)
18. Funeral director	Means of Injury Injured all work?
Address Marion Star, Mr.	23. SIGNATURE Clove J. 17 aless man
19. Alle 31 (Date ree'd by registrar) 19. 47 Registrar	Address Prim cass Amore mik D. or other 12:31.48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

12800

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Somerash tourset!	State State County County
(If outside city or town limits, write RURAL and rive nearest town)	State State County County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or streel address where death occurred:	
	Streel No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Clenabeth Toogmon.	
4. Sex 5. Color or race 6.(a)Singly, married, widowed, or divorced	MEDICAL CERTIFICATION
Le mole Colored Side of	28. DATE OF BEATH DEC 7 1948 at 7 @
Gan to yluno	
6. (b) frame of husband or wife. There ge Thursman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	
deceased (mo., day, yr.)	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
93 1855 3 6 hrs.	min. Overny Diserse
1 1 1 to	
9. Birthplace(Town, county, and state)	Bue to.
10. Usual occupation Peneral translework.	
11. Industry or business	Due to
12. Name Densard Tickman 13. Birthplace Somered County,	Undi Conditions
	(Include pregnancy within 8 months of death)
14. Maiden name 1 14. Maiden name 1 15. Rightniage	Major findings of operations.
15. Birthplace Sonderech County	Bate of op.
16. Interment Maleon Italyman]	Antepsy results
Address Marion Station Ma-	PHYSICIAN: Please underline the cause to which death should be charged statisticalty.
	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removel, Which?) Date thereof Della (0, 94) (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory DN aters Chasel	Where did injury occur?
10 1	Injured at home, farm, Industry, public place (where?)
Location	Mesns of Injury Injury Injury
18. Funeral director 920	mesns or injury
Address marinest ma	- Suca & Caselina Tu Dona in
DIR ID 10 Betty Massey	23. SIGNATURE M.D. or other
(Date rec'd by registrar)	trar Address Ondreson Its on Q. Bate signed Dec 5.468

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THAT :

A. A. H.

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MARGIN

ADING INK. Supply every item of Physicians: please write the causes

PLEASE

2411 N. Charles St., Baltimore

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J.	6	0	7	ī	L

CERTIFICATE OF DEATH

teg. Dist. No.

		CLRITTOA	IL OI BEALLI	Reg. Dist. No.
1. PLACE OF D	EATH: Somerset		2. USUAL RESIDENCE (HOME) OF DEC	
City or town(1£	Marion outside city or town lines ce of death?	nits, write RURAL and give nearest town)	State Maryland County	
Rospital, institution, i	IL SHEEL SAGLESS MILEIR A	rsing Home	Streel No	
		The second of th		(1) 0 110 . W I
3. (a) FULL NAM	GEORGE W.	JONES	3.	(b) Social Security Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERT	IFICATION
male	white	married	20. DATE OF DEATH DIR	27 1948 17 450
	d or witeI	rene Johnson Jones 6.(c) It alive, give age 77 yea	21. I CERTIFY that death occurred on the date above stated to the state of the stat	10 See 27 1948
7. Birth date of deceased (mo., day	T	uly 4, 1862	Immediate cause of death	
8. AGE: Yea	Months 5	Days It less than one day	Mens De Vie	14 day
9. Birthplace	Snow Hill	-Worcester-Maryland	Que to	
	Farmer		Due to Mario Out rugles	
11. Industry or busin		nes	Other conditions	V
		County, Md.		
13. Birthptace	Sarah E.	Truitt County, Md. e Johnson Jones	(Include pregnancy within 3 month	
15. Birthptace	Worcester	County, Md.	Major nediegs of operations.	
	Mrs. Iren		PHYSICIAN: Please nuderline the cause to which d	eath abould be charged statistically.
	Burial on, or removal, Which?		22. VIOLENCE: It death was due to external causes, f	
(Burial, cremation, or removal, Which?) Cemetery or cremator Paul's Cemetery			Where did injury occur?(City or town)	(County) • (State)
III.	Marion, M		Injured at home, farm, Industry, public place (where?)	
		Bradshaw	Means of Injury	Injured at work?
Address		, Maryland	- 23. SIGNATURE Levyo & Coull	nun m D
19. Dec.	19.48 registrar)	Bitty Mossing	ar Address Desc 80 48 mi	nin ms M. D. or other Date signed

CAMBRID STATES



CERTIFICATE OF DEATH

Reg. Diat. No. 260

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of motion)
County Donness	No me see the see that the see
City or town (If outside city or town limits, write LUKAL and give nearest town)	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rurnl, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mountan Orlean Miles	serres,
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
La sivoro Marvis de	20, DATE OF DEATH. DOC 17 19 48 at 9 P
it know a longer la.	21. 1 CERTIFY that death occurred on the date above stated, that I attended deceased from
6.(b) Name of husband or wife	19
7. Birth date of	and that this say in the same of the same
deceased (mo., day, yr.) October 16, 1428	Immediatorance of death
8. AGE: Years Months Days If less than one day	Turble wound
20 2 11hrsmin.	chet
Daha Jair manda	
9. Birthplace(Town, eounty, and state)	Que ta
10. Usual occupation	
	Due fo
11. Industry or business	
12. Name	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Marron Louis Held 15. Birthplace Eden Maryland	Major findings of operations.
5 15 Birthologo Colom Man Agent	major nadings of operations
21 13. Bittiprate	The state of the s
16. informant	Actorsy results
Address (+) II & Scalinbeary, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
173 Date thereof 12-31-48	Geer don't
(Burial, cremation, or emoval, Which?) (month) (day) (yeer)	Accident, suicide, or homicide
Cemetery or Gremator Olice	where did injury occur?
I want in The whole	Injured at home, farm, Industry, public place (where?)
Location	Means of injury Den - short injured at work?
18. Funeral (region	01/1/2
Address Lugary June Macs	Jan Wanton Other
P.M. A.	23. SIGNATURE M. D. or other
19. 272 194 (Date rec'd by registrar)	Address Dafe signed 2/28/48

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PLEASE.

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MARYLAND STATE DEPARTMENT OF HEALTH

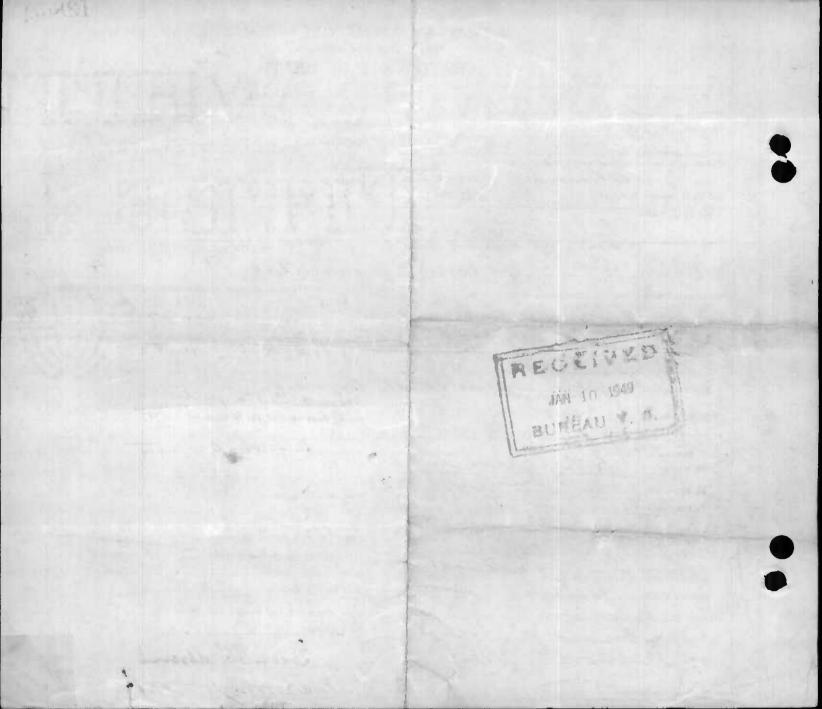
2411 N. Charles St., Baltimore

Date eigned.

CERTIFICATE OF DEATH

Reg. Diat. No. 265

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infonts give residence of mother)
County	State and County tomerant
(If outside city or town limits, write RURAL and give nearest town)	State County
	City or town
How long in above place of death?	(1f outside city or town limita, write RURAL and give necrest town)
	Streef No.
we then dry forful	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Tole Jones	
4. Sex 5. Color or race (8.46) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
ba O C	~ 17 10 234
Male - widower	20. DATE OF DEATH 20 CC 19. 19. 45 , 21. 3
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etated; that I aftended deceased from
	Dec 1 1948 10 Dec 17 1945
7. Birth date of S. (c) If allve, give ageyears	and that I last eaw h alive on Size 17 19:48
deceased (mo., dey, yr.) 120. 4. 1863	
8. AGE: Yeare Monthe Days If lese than one day	Immediair caose of death
die	a our ser fraci
85mln.	
9. Birtholace Kingston Somewater mo	Dye 10
(Town, county, and atate)	Missis Iril neglicles
1D. Veusi occupation.	
	Due to Chima Upanallo
11. Industry or bueinese	
12. Name	Other conditions with order les
3. Birthplace Williams	7.1
# Froset mores	(Include pregnancy within 8 months of death)
14. Maiden name Fosset Jones 15. Birthplace Kingston, Md.	Major fiedioes of operations.
E 15. Birthplace Kugslow, Ma,	
alph bonis	Aotopsy resolts
16. Informant	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.
Address Maryon Sta., 1864.	22. VIOLENCE: If death was due to external cauecs, fill in the following:
17 Sured Date thereof & 20 21./948	
(Buriol, cremation, or removal, Which?) Date fhereof	Accident, sulcide, or homicide
Cemetery or crematory. Branch	Where did injury occur?
Location Market	Injured at home, farm, Industry, public place (where?)
18. Funeral director horno de lucia	Meane of Injury Injured at work?
land to all	Ch DP Ch
Address Masion Ma	23 SIGNATURE LIEUZO COCCIONA
Nec 18 18 Ditta Margue	M, D, or other
(Date rec'd by registrar)	Address / Amm str Male eigned



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: County Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Sprankset
City or town(If outside city or town limits, write RURAL and give nearest town)	City or town Prim CESS Amage 1000
Now long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No.
Now long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Mary Miles	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Tem Col W. 20 wo2	20. DATE OF DEATH DEC. 17 19.48 . 5.3%
6,(b) Name of husband or wife	21. L CERTIFY that death occurred on the date above stated: That strended deceased from 19.11.8., to Dece
7. Birth date of deceased (mo., day, yr.) augusto 15, 1858	and that I last saw h. Community en ID. G. C
8. AGE: Years Months Days if less than one day	Chronic Myo corditis 3 years
9. Birthplace (Town, county, and atake)	Due to
10. Usual eccupation AUMA 1. Industry or business	Due to
E 12. Name a ge Lo arm Wood	Other conditions
13. Birthplace SOMEPSET COUNTY	(Include pregnancy within 8 months of death) Major findings of operations
15. Birthplace Somerset County	Date of ep.
Address Pri NEESS ANNES MI.	Autopsy results
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Classical Company of the C	Where did injury eccur?
Location ald Revelle The Course of States	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address Tuesdas Anneys Affile.	22/SIGNATUR Claure Fe Davisoman
19. (Dato rec'd by registrar) 19. Registrar	Address Princess Anne Date signed 2.18.41

MARGIN RESERVED FOR BINDING

The correct age

information carefully of death clearly and

NUTIF UNFADING INK. Supply every item of important. Physicians: please write the causes

PLEASE WRITE

VS



2411 N. Charles St., Baltimore

13/0 OF DEATH

USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Fourth St.

Reg. Diat. No....

Somerset

Crisfield
(If outside city or town limits, write RURAL and give nearest town)

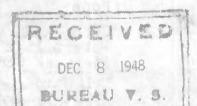
		CERTIFICAT	TE OF DEATH
City or town(If out How long in above place of Hospital, institution, or st	Somers Crisfi coide city or town limits, write it death? Lifetin treet address where death occur 137 S. nstilulion?	eld RURAL and give nearest town) Me	2. USUAL RESIDENCE ((For newhorn infants g State Maryl and City or town Cris (If outside ci Street No. Four
4. Sex	5. Color or race 6.(a)Sin	ngle, married, widowed, or divorced	M
Male	Colored	Single	20. DATE OF DEATH ALEX
6.(b) Name of husband or 7. Birth date of deceased (mo., day, yr. 8. AGE: Years	Total State Control	8.(c) It alive, give ageyears 1885	21. I CERTIFY that death occur A O L 2 and that I last saw h. 4.443
63		hrsmin.	
9. Birthplace	None None	ell d state)	Due to
11. Industry or business	None	t Page	Bearing
12. Name	Robert Page Richmond County, Va.		
13. Birthplace	(Included)		
14. Maiden name Leh Ward Somerset county Major			Major findiogs of operations.
15. Birthplace		set county	
16. Informant	Mr. A	lex Page	Autopsy results
Address	Crisf	ield, Md.	
17. Bur: (Burial, cremation,	Cemete	hereot Dec. 7, 194 (month) (day) (year)	22. VIOLENCE: If death was Accident, suicide, or homicide. Where did injury occur?
Location	Hopewe	11, Md.	Injured at home, tarm, Industr
		vey Bradshaw	Msens of Injury
		eld, Md.	0
18. Dec. 4	19.48	Janice E. Spice	23. SIGNATURE OLLA

(II rurai, gi	VE LOCATION)
2.(a) It veleran, name war	3. (b) Social Security Number
	CONTRICATION.
A	certification 2-1-19-48 at 4:55 A. H.
21. I CERTIFY that death occurred on the date a	above stated; that I attended decessed from 9.48
and that I last saw h. 6-355 alive on	Oee 1 1948
Immediate cause of death	DURATION 2 Days
Due to Chronic nep	
Oue to	
Diher conditions Burger pro	statie hypertrophy ?
Major findings of operations	Date of op.
Autopsy results	which death should be charged statistically.
22. VIOLENCE: If death was due to external Accident, suicide, or homicide	
Where did injury occur?(City or town	
Injured at home, tarm, Industry, public place	(where?)
Misans of Injury	Injured at work?
23. SIGNATURE CORC	ruley M.D.
Address Crestield	Md Date signed 12/4/48

information carefully. The correct of death clearly and legibly.

every item of ite the causes BINDING FOR RESERVED MARGIN

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CERTIFICATE OF DEATH

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200	Dist.	No	de	0	0
COE .	Dist.	TAO.	Nannes .		****

	10g. Diet. 110. K
1. PLACE OF DEATH: County City or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Hospital, lostitution, or streef address where death occurred: How long is hospitat or institution?	Street No. (If rural, give LOCATION) 2.(a) If veferan, name war.
3. (a) FULL NAME POLIT	3. (b) Social Security Number
4. Sex J 5. Color or race 6.(a) Single, married, widowed, or divorced Megro Widow Ch	MEDICAL CERTIFICATION 20. DATE OF DEATH
8. (6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
9. Birthplace County, and state) 10. Usual occupation Advantage County, and state) 11. Industry or business	Due to.
12. Name Majkens Aug Agental 14. Maiden name flaculate Windell 15. Birthplace Trucked Aug. M. M.	Diher conditions (Include pregnancy within 8 months of death) Major findings of operations.
Address Ruces Aure, Md. 91.1 17. Burial, eremation, or removal, Which?) Date thereof. 2 (month) (day) (year)	Autupsy results
Location Tunkers Aurel 7000. 18. Funeral director Villeau H. Address Tuncing Aurel 7000.	Where did injury occur?
(Date Foc'd by registrar)	Address Bate signed 2 / 10 /

DEC 13 1948
BUREAU V. B.

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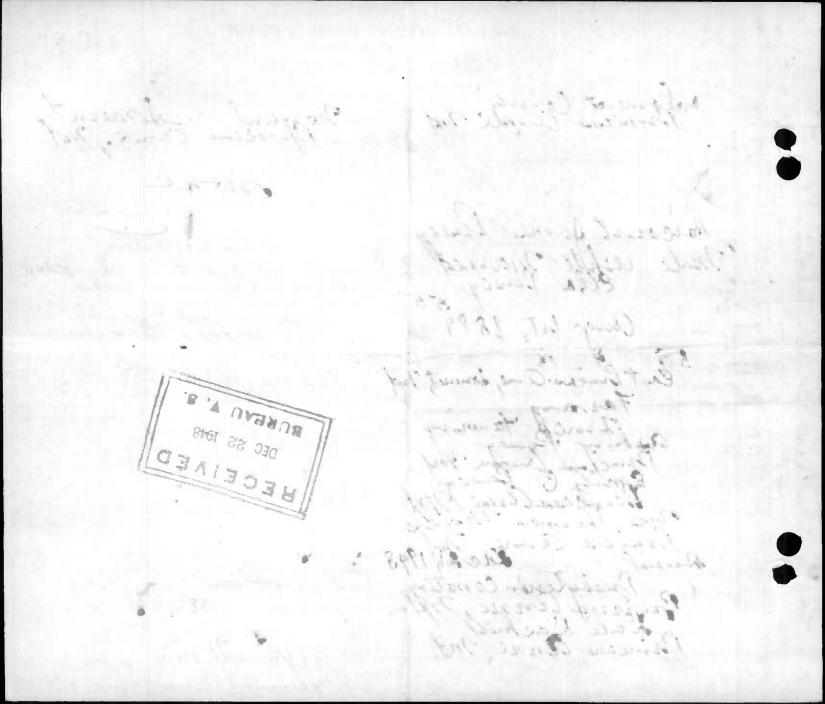
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

128117

CERTIFICAT	E OF DEATH Reg. Diat. No. A. Q. Q.
County City or town (If outside eity or town limits, write PLAAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME VarCatist Ormin States 4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorged Canal Can	MEDICAL CERTIFICATION 20. DATE DF DEATH
8,(b) Name of husband or wife Ellar Flisly 8,(c) If alive give age . 5 years 7. Birth date of deceased (mo., day, yr.) Church Lat 1899	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days tf less than one day	Due to This may deis suddenly.
10. Usuat occupation	Dither conditions
14. Malden name 15. Birthplace 15. Legels Clinic Management 15. Birthplace 16. informant 11. Legels 16. informant 11. Leg	(Include pregnancy within 3 months of death) Major findings of operations
Address 17. (Burial, cremation, or removal, Whish?) Cametery or crematory. (Company of the company of the com	220 VIOLENCE: 11 death was due to external causes, fill in the following: Accident, suicide, or homicide
tocation Lack Cashell 18. Funeral director Race Lashell Address directors Genne Man	Injured at home, farm, industry, public place (where?) Means of injury Injured at work? A. Signature M. D. or other
19. 2 The Margintar) 19. K. W. Johnson M. Gatefee'd by registrar	Address Palmines aus Made signed 12/20.48



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orrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAL	Reg. Dist. No.	
1. PLACE OF DEATH: Somerset County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	State Maryland County Somerset City or town Marion Station (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? Kospijal, jostitution, or street address where death occurred: McCready Memorial Hospital	(If outside city or town limits, write RURAL and give nearest town) Street No	
How long in hospitat or institution? 8 Days	2.(a) If veteran, name war	
3.(a) FULL NAME Hattie T. Pusey	3. (b) Social Security Number	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Married	20. DATE OF DEATH DE \$ 19.48 av 8 30 4 N	
6.(b) Name of husband or wite. Page Pusey 6.(c) It alive, give ageyears 7. Birth date of	21CT CERTIFY that death occurred on the date above stated; that I attended deceased from 19 48, to 54 19 48 and that I last saw h 3 alive on 57 19 48	
deceased (mo., day, yr.) March of. 1881	Immediate cause of death OURATION	
8. AGE: Years Months Days tiless than one day 8 23hrsmin.	Terrence and De 7 pul 2 veils	
9. Birthplace Somerset County. Maryland (Town, county, and state)	Due to Pepelles John	
10. Usual occupation	Ove to Sure Sure ungereles	
12. Name. Fig. 13. Birtholace Conscheeld	Other conditions.	
14. Maiden name famic Tull 15. Birthplace ?	(Include pregnancy within 3 months of death) Major fiedings of operations.	
	Date of op.	
16. Interment Mr Isaac Henry Hall	Autopsy results	
Address Marion Sta, Somerset Co, Md, Burial (Burial, cremation, or removal. Which?) Burial (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or crematory St. Pauls Metodist Cemetery	Where did injury occur?	
Location Whites Rd, Marion, Maryland	Injured at home, farm, industry, public place (where?)	
18. Funeral director Howard G.	0 10	
Address Pocomoke City. Maryland.	23. SIGNATURE Lego O. Collins M. D. or other	
19. Diec 9, 1948 Betty Massey Registrar	Address De Etwirotones Date signed Line 9 48	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12811) Rog. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother)
Somerset County	
City or town	town)
How long in above place of death? 2 days	(If outside city or town limits, write RURAL and give nearest town)
Magnifal Institution or street address where death occurred:	Street No.
McCready Hospital	(lfrural, give LOCATION)
How long in hospital or institution? 2 days	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
KATIE ELIZABETH TAYLOR	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divor	medical certification
female white married	20. DATE OF DEATH & 2 250Q.
	Let onle of Continue
6.(b) Name of husband or wite. Thurman Taylor.	21. I CERTIFY That death occurred on the water above states; that a remove deceased the state of
	years and that I lost saw held alire on Ala 27 1948
7. Birth date of deceased (mo., day, yr.) August 30, 1883	3
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
CE 7 20	min.
9. Birthplace Marion-Somerset-Maryland	d Oue to myrendules
(lown, county, and acate)	Due to Company
10. Usual occupation Housewife	Que to Chance Dut refulto Fee:
	Due to.
11. Industry or business 12. Name	Deve i maltita Fear
12. Name Wicomico County, Md.	Diher conditions & D
	(Include pregnancy within 8 months of death)
14. Maiden name Sarah E. Ford	Major findings of operations
15. Birthplace Bairmount, Md.	Date of op.
14. Maiden name Sarah E. Ford 15. Birthplace Bairmount, Md. Thurman Taylor, Sr.	Anlonsy results
Mamian Mamiland	PHYSICIAN: Please underline the cause to which death abould he charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial (Burial, cremation, or removal. Which?) Oate thereof. Dec. 30, (month) (day)	(veer) Accident, suicide, or homicide
Cametery or cremal St. Paul's Cemetery	Where did injusy occur?
	(City or town) (County) (State)
Location Maryland	
18 Funeral director H. Harvey Bradshaw	Meens of Injury Injured at work?
Address Crisfield, Maryland	23 SIGNATURE Deces & Carllown m D
10 20 10 But he	M. D. or other
19. Dec. 27 19 To Verly Mil	Register Address Messon sta ma Date signed Due 29 48
COMPRESSOR DA LEGISTISTI	Audiose in the second of the s



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	No and Company	
City or town. (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? lifetime	City or lown	
Hospital, Institution, or street address where death occurred:	Street No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veleran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
MATTIE FOOKS TOWNSEND		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female white married	20. DATE OF DEATH NO. 2 2.7 19/2 31 8-36/4-	
George T Townsen		
8.(b) Name of husband or wife	M	
7. Birth daile of NOT 4 1881	and that I last saw h D. alive on 3-2 2 19 18	
deceased (mo., day, yr.)	Immediate cause of death DURAJION	
8. AGE: Years Months Days If less than one day	arrowing diserce /2 lus	
67 1 23hrs.		
B. Birlhplace Accomac - Accomac - Virginia (Town, county, and state)	Due to Classic Vest regliales	
	Chroma my endelles feels	
10. Usual occupationHousewife	Due to	
11, Industry or business		
I 12. Name James Satchel	Other condition general Orlino Salvais	
13. Birthplace ACCOMAC, Va.	(Include pregnancy within 3 months of death)	
14. Maiden namMary Ellen Nock 15. Birthplace Accomac, Va. 16. Informant Mrs. Walden Richards	Major findings of operations.	
S Symbology ACCOMAC Va	Major hadiogs of operations	
16. Inlormant Mrs. Walden Richards	Autopsy results.	
	PHYSICIAN: Please uoderline the cause to which death should be charged statistically.	
Address Princess Anne, Md.	22. VIOLENCE: tl death was due to external causes, fill in the following:	
Buiral Buiral Date thereof Dec. 29, 19 (month) (day) (year	Accident, suicide, or homicide	
Demetery or crem Manokin Presbyterian Cemet	Ory Where did Injury occur? (City or town) (County) (State)	
localion Princess Anne, Md.		
18 Funeral director H. Harvey Bradshaw		
Address Crisfield, Maryland	23. SIGNATURE Luge & Grellrum. M. D. or other	
0 0 0 -	23. SIGNATURE LUIGE OF PREDIMENT	
19. Dec. 2 9 19 48 Betty Masse (Date rec'd by registrar) (Date rec'd by registrar)	Therair Address minners oto my Cate signed the 2548	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12811,

1. PLACE OF DEATH: Sameself	2. USUAL RESIDENCE (HOME) OF	
City or town	State maryland Coun	Jonesel
How long in above place of death?	City or town	write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:		
	Street No(If rurat, give I	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Number
Lovie Helen lu	rner	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICALCE	RTIFICATION
Female Colored married	20. DATE OF DEATH 29 Lec	enker 19 48 at
6.(6) Name of husband or wife James Turner	21. I CERTIFY that death occupred on the date above	e stated; that I attended deceased from
	22 0 ev - 10 9	2000 6
7. Birth date of deceased (mo., day, yr.) June 20, 1902	and that I last saw h	Y CON 19 19 14 A
8. AGE: Years Months Days If less than one day	Immedia cruse of desth	DURATION
46 6 9hrsmin.		
3. Birthoiace Somerset Country and	Due 10	
(Town, county, and state)		
1B. Usual occupation / Lause Wife	Due 10	
11, industry or business		7
12. Name Morroe King Andrews Sinde	Bther conditions due 2	usiles, of
\$ 13. Birthplace Marumages Page	molnetulus	
14. Maiden name aurie Lile Jong	(Include pregnancy within 3 m	onths of death)
14. Malden name Curie File Tong 15. Birthplace Somerst County &	Major findings of operations	Bair of an
21 13. Britispiete	_ h	Bate of op.
16. Informant	PHYSICIAN: Please underline the cause to whi	ch death should be charged statistically.
Address Chotelly Mac	22. VIOLENCE: If death was due to external caus	
17. Buriai, cremation, or removal/fWhich? Date thereof. Jan. S. 1948 (month) day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Christ M. E. Cempters	Where did injury occur?(City or town)	(County) (State)
Politett. and	Injured at home, farm, Industry, public place (who	
Location Beauty	Means of Injury	Injured at work?
18. Funeral director	2 6/ t	· · · A
Address Cripfills Miles	23. SIGNATURE	/// .
19. Jan. 3 1949 Betty Massey	Promohe w	M. D. or other



CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Loveeself	(For newhorn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town. (If outside city or fown limits, write RURAL and give nearest town)
How long in above place of death	- Terral
	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
	A
3. (a) FULL NAME Oscar Wanierra	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m C married	20. DATE DF DEATH. (27 19 45 at 90 E
5.(b) Name of husband or wife Anne Munagh	21. I CERTIFY that death occurred on the date above stated: that I extended deceased from
	Mov. 6, 19 48, 10 Dec 29, 19 48
7. Birth data of	and that I last saw h. A alive on Del 22 19 46
deceased (mo., day, yr.) (Company)	Immediate cause of death
8. AGE: Years Months Days If tess than one day	A A
62 7 33hrs.	min. I Servious of Lucy
9. Birtholace Language - Committee	Due 19.
(Town, county, and atate)	1/ na bayorut
10. Usuai occupation	Que to.
11. Industry or business	
41 2011	2 10
12. Name 11 12. Name 12 13. Birthplace average 1	Dther conditions
	(Include pregnancy within 3 months of death)
H 14. Maiden name Eller Tark in 1998 15. Birthplace MACLESTER Course	Major fiedings of operations.
E 15. Birthplace All MC Sites Clarice	Date of op.
Realis When a Pill	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Princes (Smill / 165. 11. J. A	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or remove. Which) Bate thereof (month) (day) (year)	8 I soldest suicide as hamiside
(Burlal, cremation, or remove). Which it (month) (day) (year)	
Cemetery or cremetory	Where did injury occur?
Location Transcess Theme, It & !!	Injured at home, farm, Industry, public place (where?)
1 (alelle mare 14) James Jo	Means of Injury tnjured at work?
18. Funeral director	001/ 00 000
Address Touceas dune, The	- 23. SIGNATURE State Sembly MA
12/2848 /1-14 (Johnson)	M. J. or other
(Date rec'd by registrar)	Address Dallstrung Tate signed 2/77/48

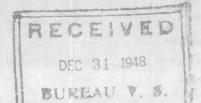
ENFADING INK. Supply every item of information carefully. The cant, Physicians: please write the causes of death clearly and legibly.

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M /	ARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Diat. No ...

12813

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland county Somerset
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
(SILVER Silver Larl Tulleon	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mal and survey	20. DATE OF DEATH \$ 20 1948 at 60. N
Olorgia Tuelling	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(6) Name of husband or wife 180	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days I these than one day	Immediate cause of death
52hrsmin.	(Jana De Maria (Car)
9. Birihpiace (Town, county, and attate)	Due to
10. Usual occupation General Labor work	mar Classes Dif weller
11. Industry or business Farm - Sealood themela Mill	Olograf Mapacalla
# 12. Name George Williams	Other conditions
X 13. Birthplace manufand	(Include pregnancy within 8 months of death)
14. Maiden name Qlice Potters	(Include pregnancy within 8 months of death) Major fiadings of operations
15. Birthplace maryland	Major fladings of operations
16. Informati	Antensy results.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
· 201-7- 10/2 h-//	Where did injury occur?
Cemetery or crematory	
Location Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Allege W. Jelgfressen	Means of Injury injured at work? Of PP Acting Pup Medical Office in
Address : marion Station Md.	23 SIGNATURE Leege O. William mo
19. Det 3/ 19 48 Detty Massey	Address M. Winn sta M. D. or other Address M. Winn sta M. Date signed w. 31.48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

24	er in	100	1 1
83	Reg. Dia	t. No 268	+

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	MAQUIDAD SAMEDART
(If outside city or town limits; write RURAL and give nearest town)	Slate County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Instilution, or street address where heath occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Octobro Wur	ilsor
5. Color or race 6.(a) Single married, widowed, or diverced	MEDICAL CERTIFICATION 15
Temol lotieti Widowris	20. DATE OF DEATH Dec 23 19.48, 21.12 A. M.
6.(b) Name of husband or wife lune D. We said sor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(J. D. s. s.)	Nov. 25 1948 to Dec. 13 1948
7, Birth date ot	and that I last saw h. A. alive on Sec. 13.
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Pays If less than one day	Cerebral Hemarkage 1 min
0 2 10 Mhrsmin.	
9. Birthplace Wiricaria Mid	Due to Help fels lessan
(Town, eounty, and state)	
1D. Usual occupation	Due to graduate alexand
11. Industry or business	Lecerca
# 12. Name Duy D. Wile	Dither conditions
\$ 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Maria anu Epaus	(Include pregnancy within 3 months of death)
F	Major findings of operations
2 15. Birthplace WELLONG MA	Date of op
16. Interment Storry Weesser	Autopsy results
Address Printices Cleaner Mo	PHYSICIAN: Please underline the cause to which death should be charged statistically.
M. N. 10 130 74-118	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory of Johnson, M. E.	Where did injury occur? (City or town) (County) (State)
to all lake of Mit	
Location Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Additional States	Means of Injury Injured at work?
Address Weal Island Med	the 18 Win One
1920 ADD 2 ADD	23. SIGNATURE M. D. orother
18 Local Light 48 Fola T. Whentley	1 3/a/40
(Date rec'd by registrar) Registrar	Address / Date signed / 3 T



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2 HOHAL DECIDENCE (HOME) OF DECEASED.

12815

Reg. Dist. No. 265

County Somerset	(For prowhorn infants give residence of mother)	
	StateManyland	
Cily or town		
How long in above place of death?	Cily or town	
Hospital, Inalitation, or street address where death occurred:	Sireel No.	
Sterling Nursing Home	(If rural, give LOCATION)	
How long in hospital or inatitution? 3 weeks	2.(a) It veleran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Emma Elizabeth Wood	dland	
4. Sez 5. Coler er race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
remale white widowed -	20. DATE DE DEATH	
Alexander Roy	21. I CERTIFY that death occurred on the dato above ataled; that I attended deceased from	
8.(b) Namo of husband or wife	OST 10. 48 10 Dec 12 10. 48	
7. Birth date of NOV • 27, 919 alive, give age years	and that I last saw h A alive on AQa 11 18.48	
7. Birth date of NOV • 27, 1900 deceased (mo., day, yr.)		
8. AGE: Yeara Montha Days If leas than one day	Immediate cause of death	
48 15hramin.	Carcinoma, bread 1 ye.	
9. Birthplace Chestertown Md. PostTown county and state)	Due to	
1D. Usual occupation.		
	Duo to	
11. Industry or busineaa U.S. GOV. t.		
12 Name Horace Reed	Diher conditions	
13. Birthplace Md.	(Include pregnancy within 3 months of death)	
14. Malden name Mary E. Parks Md.		
Md.	Major fiadiogs of operations	
Betty J. Ward	Dale of op.	
16. Informant Marion Station, Md	Autopsy results	
Address		
Burial 12/15/48	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial 12/15/48 [Burial, cremation, or removal, Whiteh?] (Burial, cremation, or removal, Whiteh?)	Accident, aulcide, or homicide	
Cemetery or crematory	Where did injury occur?	
	Injured at home, farm, Industry, public place (where?)	
Location Chestertown, Md		
Hubbard & Covington,	100 CO 10	
18. Funeral director Crisfield, Md.		
18. Funerat director		
19 Dec. 15 19 48 Janue 6 Sque	The second man	
(Date ree'd by registrar) Registrar	Addresa Date signed	

